

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Stalker) Art Unit: 2186
)
Application No. 10/712,655) Examiner: Michael Alsip
)
Filing Date: November 13, 2003) Confirmation No.: 8962
)
For: STATE-BASED MEMORY)
UNLOADING)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input type="checkbox"/>	Petition to For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other <u>RCE</u>

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		23	28	X \$50.00		\$
Independent Claims		3	3	X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$
<input checked="" type="checkbox"/> Request for Continued Examination				+ \$810.00		\$810.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>	
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$
TOTAL FEE DUE						\$810.00

ATTORNEY DOCKET NO. A-8121
APPLICATION NO. 10/712,655

Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$810.00 for the fees designated above is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

_____/David A. Cornett/
David A. Cornett
Registration No. 48,417

Customer Number 05642